

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/531,495

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					51					
2		1		1			52						
3		2			1		53						
4		3			1		54						
5		3			1		55						
6		3			1		56						
7		3			1		57						
8	1		1		1		58						
9		1		1			59						
10		8		1			60						
11		8		1			61						
12	1		1				62						
13		2		1			63						
14		2		1			64						
15		2		1			65						
16		2		1			66						
17		2		1			67						
18		2		1			68						
19	1		1				69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													